

4873

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Gila

BUREAU OF VITAL STATISTICS

State Index No. 243District Payson

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 406Town Payson

Local Registrar's No. _____

Or City _____

No. _____

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Mrs Alfred Devore

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female Color or Race White Indian Black Chinese Mexican SINGLE MARRIED WIDOWED or DIVORCEDDATE OF DEATH Oct 14 1918
(Month) (Day) (Year)DATE OF BIRTH Nov - 29 - 1897
(Month) (Day) (Year)I hereby certify, that I attended deceased from Oct 8, 1918 to Oct 14 1918; that I last saw him alive on Oct 14 1918, and that death occurred on the date stated above at 3:30 A.M. The DISEASE or INJURY causing death was as follows: Broncho Pneumonia complicating InfluenzaAGE 20 yrs 10 mos 15 days If less than 1 day _____ hrs. or _____ min.(Duration) _____ yrs _____ mos 6 daysOCCUPATION (a) Trade, profession or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed or (employer) _____Was disease contracted in Arizona? yesBIRTHPLACE (State or country) Pouersoy WashingtonIf not, where? _____ CONTRIBUTORY shortness due to injury (Duration) _____ yrs _____ mos 3 daysNAME OF FATHER R. D. Miller(Signed) C. H. P. Riser Oct 31 1918 (Address) Payson ArizBIRTHPLACE OF FATHER (State or country) Dayton Wash

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. LENGTH OF RESIDENCE

MAIDEN NAME OF MOTHER Verna DennyAt place of death 2 yrs _____ mos _____ ds. In Arizona 8 yrs _____ mos _____ ds.BIRTHPLACE OF MOTHER (State or country) Moscow IdahoFormer or Usual Residence Washington

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David DevoreFiled Oct 16 1918 B. G. Staff(Address) Globe ArizonaFiled Nov 5 1918 B. G. StaffPLACE OF BURIAL OR REMOVAL Globe ArizDATE OF BURIAL OR REMOVAL Oct 16 1918UNDERTAKER J. J. Jones & SonADDRESS Globe Ariz

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FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.